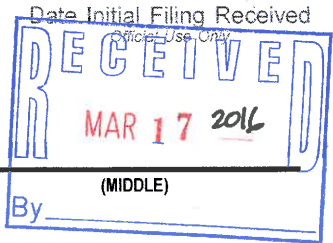


**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Hawgood Samuel

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 CIRM CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE
 Division, Board, Department, District, if applicable COMMITTEE Your Position
 ICOC INDEPENDENT OVERS CITIZENS OVERSIGHT ICOC Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of _____ Other _____

3. Type of Statement (Check at least one box)

- Annual:** The period covered is January 1, 2015, through December 31, 2015. **Leaving Office:** Date Left ____/____/____
 (Check one)
 The period covered is January 1, 2015, through the date of leaving office.
- or-
 The period covered is ____/____/____, through December 31, 2015. **-or-**
 The period covered is ____/____/____, through the date of leaving office.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

Schedules attached

- Schedule A-1 - Investments** – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule A-2 - Investments** – schedule attached **Schedule D - Income – Gifts** – schedule attached
- Schedule B - Real Property** – schedule attached **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 550 16th Street, Room 7107 San Francisco CA 94143
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (415) 476-6582 sam.hawgood@ucsf.edu

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/17/2016
 (month, day, year)

Signature Sam Hawgood
 (File the originally signed statement with your filing official.)